



I. EMPLOYEE DATA			
First Name Frank	M.I. 	Last Name Dundee	Employee Number (Enter exactly as in Oracle)
Position Pharmacist			Year 2017
Entity UH Geauga Medical Center	Department Pharmacy		
(Check one)	<input type="checkbox"/> Confirmation of Counseling <input type="checkbox"/> Warning <input checked="" type="checkbox"/> Final Warning/Suspension <input type="checkbox"/> Discharge		
II. CIRCUMSTANCES			
Dates of attendance or tardiness occurrences: [Redacted]			
Describe the circumstances leading to the corrective action: <p>Frank, in a series of recent emails, you've made inappropriate comments that undermine the professionalism of fellow coworkers and are inconsistent with our value of Diversity and the expectations set forth in HR-63 Professional Behavior policy and our Code of Conduct. On June 8, 2017 in an email to Becky Besselman, you wrote about your coworker Derek Frost, "he's a pup with practically no experience. A nice boy, but..." On June 10, 2017, in an email to Becky Besselman, you wrote, "you're a good kid." Comments of this nature are unwarranted and add no value in the working relationships. You've made similar disparaging comments in the past, dating back to 2015, and this points to a pattern of actions and behaviors that detract from our values and policies.</p> <p>Our Code of Conduct states, "we do not tolerate intimidating, threatening, or harassing behavior, such as harassment based on diverse characteristics or cultural backgrounds." It further states, "We provide an inclusive work environment where everyone is treated with fairness, dignity and respect. We embrace the diversity of our patients, co-workers, physicians, and vendors. We do not allow harassment or discrimination against any individual with regard to race, ethnicity, religion, ethnicity, age, national origin, sexual orientation, disability, veteran status or any other characteristic protected by law." Additionally, HR-20 Anti-Harassment and Non-Discrimination states, "Actions, words, jokes or comments based on an individual's gender, race, color, national origin, age, religion, disability, sexual orientation, or any other legally protected characteristic will not be tolerated."</p> <p>Your comments and the implications of the meanings have no place in the working environment. As a result of your actions, we are advancing you to a Final Written Warning in the disciplinary action process.</p>			
Please note the policy and procedure violated: UH Code of Conduct HR-63 Professional Behavior HR-20 Anti-Harassment and Non-Discrimination			
III. ACTION PLAN			

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Frank, as part of the action plan, UH is mandating a referral to the Employee Assistance Program. You are responsible for contacting the EAP by calling 216-844-4948 (see separate form). Failure to follow up with EAP in the required timeframe can result in further disciplinary action up to and including termination.

Please be aware that additional violations of policy or failure to meet performance expectations will result in corrective action up to and including termination.



Corrective Action

IV. EMPLOYEE COMMENTS

Appendix A to follow

V. SIGNATURE OF ACKNOWLEDGMENT

I understand that I may contact an HR representative to discuss questions or concerns related to this document including optional complaint resolution steps. Other than in cases of discharge, should the performance concerns outlined in this document continue, additional corrective action up to and including discharge may occur.

Employee Signature

Date

6/26/2019

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ATTACHMENT A

UNIVERSITY HOSPITALS HEALTH SYSTEM
EMPLOYEE ASSISTANCE PROGRAM
REFERRAL FORM

Employee: Frank Dundee Position: Night Pharmacist Date: 6/26/2017 Phone: 330-398-8274 Cell

You are being referred to the EMPLOYEE ASSISTANCE PROGRAM (EAP) because of the concerns noted below. EAP services are confidential, in compliance with the law. Your supervisor will be told only whether you kept the appointment, and whether you complied with the EAP recommendations. Your supervisor will not be told what was discussed unless you specifically authorize it and sign a release of information specifying the information to be released. Information from EA may be shared without a release and authorization in response to state or federal statute/regulation (e.g. Homicidal/suicidal ideation; child and elder abuse/neglect), a court ordered subpoena or an official investigation by a government agency.

A Tier 1 Mandatory Referral has been made to EAP for the following reason:

- Fitness for Duty
- Violent, hostile, or reckless behavior that endangers the safety of others or that causes others to fear for their safety
- Reasonable suspicion of drug/alcohol use including evidence of drug diversion.

Please phone EAP at 216-844-4948 to confirm your scheduled appointment on _____.

A Tier 2 Mandatory Referral has been made to EAP for the following job performance concern(s):

- Attendance issues
- Conflictive work relationship
- Deteriorating job performance
- Other _____

Please phone EAP at 216-844-4948 within 5 business days of today's date, to schedule an appointment.

Explanation of counseling, anecdotal, corrective actions or other concerns relative to the above-checked concerns:

My supervisor has explained the reason for this EAP referral. I understand that my supervisor will be notified whether I keep my appointment and whether I comply with the EAP recommendations. I have been given a copy of this form.

Employee Signature: Z. P. ac Date: 6-26-17

Supervisor Signature: Rachael Lerman Dept: Rx Phone: 330-333-5903 Cell

EAP Counselor Signature: _____ Date: _____

Employee attended EAP session
 Employee complied

Employee did not attend EAP session
 Employee did not comply

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Manager Signature	Date
<i>Rachael Yerman</i>	6/26/17

PLEASE RETURN THIS FORM TO YOUR LOCAL HUMAN RESOURCES DEPARTMENT